ADVICANTA CHIAND DOADD OF HEALINI	
GIVEN NAME ADDED BY SUPPLEMENT ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No.	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No. 110	
County	ou ajuzona
	
District or Township	or Village
City No. No. St., Ward Ward H birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child 505e LUNA CARDONA [If child is not yet named, make supplemental report, as directed.]	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	r 6. Legitimate? 7 Data = 1/1 97 97
in event of plural births. 5. No., in order of birth	7. Date of birth Month Day Year
8. ATHER	14. Opmother
Full name / toman de ardond	Full maiden name drawda drend
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Color or race
while 11. Age at last birthday 3 6 (Years)	hopica 17. Age at last birthday 38 (Years)
12. Birthplace (city or place) Magistral	18. Birthplace (city or place) Magistral
(State or country) Dg Lley	(State or country) Durango Mey
	12
13. Occupation journeyman	19. Occupation house wife
Nature of industry	Nature of industry
20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against oph-	
(Taken as of time of birth of child herein (a) Born slive b	ut now dead theimia neonatorum?
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 3	
(Born slive ox stillborn.)	
* When there was no attending physician or midwife, then the father, householder,	- Juneaux alvana M.D.
etc., should make this return. A stillborn child is one that neither breathes nor	1 12x 1666 Miani asiz
shows other evidence of life after birth.	(Physician or midwife).
Given name added from a supplemental report Address	
Month, day, year Filed Meh 25, 198 le-6. orm	
Rogistrar Filed.	Registrar
131-318-93/	
12/ 2/6- 7-5/	